APPLICATION FOR GRADING PERMIT

SITE ADDRESS	CONTRACTORADDRESS	
CITY STATE ZIP SUBDIVISION TAX MAP ACREAGE GRID LOT BLOCK PARCEL SECTION ZONE AREA CENSUS TRACT SDP FILE	CITY STATE ZIP PH# LICENSE# OWNER'S NAME ADDRESS	
Existing Use	CATTACH COPIES OF ALL APPLICABLE APPROVAL	ALS)
Signature – Owner/Authorized Agent	(Date)	
Email Address		
Name (please print)	Phone	
Address City	State Zip	
DEPT OF PLANNING & ZONING:	INITIALS DATE	
	APPROVED: SIGNATURE DATE	
VALIDATION NUMBER: COPIES: WHITE – DILP YELLOW-	– SEDIMENT CONTROL PINK - FINANCE	